DOCUMENT RESUME

ED 288 157 CG 020 330

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TITLE Project Report: Designing a Systematic Approach to Human Resource Development in a Residential Treatment Setting.
PUB DATE Jan 87
NOTE 17p.; Paper presented at the Annual South Florida Conference for Child and Youth Care Administrators (Miami Beach, FL, January 23-24, 1987).
AVAILABLE FROM Information Services of Florida, 2538 Johnson St., Hollywood, FL 33020 (1-9 copies, $4.50 each, postpaid; 10 copies, $40.00).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Administration; *Computer Oriented Programs; *Institutional Personnel; *Microcomputers; *Residential Programs; *Staff Development

ABSTRACT

This paper reports on a project designed to address deficits discovered in the scheduling and documentation of training events for employees at a large psychiatric treatment center which provides a therapeutic community for the treatment of 400 severely emotionally disturbed and developmentally disabled children, adolescents, and young adults. The objective of the project is described as aiding in the development of a systematic approach toward the administation of human resource development. Microcomputer involvement is discussed in the areas of the storage of text such as training policy, program descriptions, and training curriculum; file development and information retrieval for employee records; and training notification and verification functions. The report describes how files were developed for individual employees to identify those in need of required training, how roster files were created and personal notifications sent to employees in an attempt to reduce absenteeism and the number of classes taught, how reports were compiled on a monthly and annual basis using data from employee files, and how turnover statistics were compiled which led to the development of appropriate intervention strategies. Documentation of a dramatic rise in attendance at training events is explained. The report contains examples of employee files, notifications, reports, and an evaluation procedure to determine future effectiveness. (Author/NB)

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PROJECT REPORT:
DESIGNING A SYSTEMATIC APPROACH TO HUMAN RESOURCE DEVELOPMENT IN A RESIDENTIAL TREATMENT SETTING

submitted by:
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CG 020330

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Thomas E. Doriety

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT

Deficits were discovered in the scheduling and documentation of training events for employees at a large psychiatric facility. The purpose of this project was to develop a systematic approach toward the administration of human resource development. Through the introduction of a microcomputer, an attempt was made to maintain training policies, procedures, and documentation in a single location. Files were developed for individual employees to identify those in need of required training. Roster files were created and personal notifications were sent to each employee scheduled in an attempt to reduce absenteeism and the number of classes that must be taught each year. Reports were compiled on a monthly and annual basis using data from employee files. A dramatic rise in attendance at training events was documented; turnover statistics were compiled which led to the development of appropriate intervention strategies. The report (20 pages) contains examples of employee files, notifications, reports, and an evaluation procedure to determine future effectiveness.

INTRODUCTION

The setting of the project was a 400-bed psychiatric treatment center accredited by the Joint Commission on Accreditation of Hospitals (JCAH). The center provides a therapeutic community for the treatment of severely emotionally disturbed and developmentally disabled children and young adults and integrates a humanistic approach to Milieu Therapy. The center operates on a Departmental/Service model of organization presented within four major groupings: Clinical Services, Administrative, Education, and Residential Programming.

As of September 1, 1986, 330 full time employees provide direct treatment and ancillary services in six residential units, five educational units, and one forty-five bed maximum care facility. Two Associate Directors oversee the daily operation of the center and report directly to the Executive Director.

During the week of January 20-24, 1986, this facility underwent an inspection survey by the Joint Commission on Accreditation of Hospitals (JCAH), and received low ratings in the areas of staff development and training documentation. The following deficiencies were quoted from the JCAH Evaluation Report (1986):

"Training program descriptions and accompanying documentation were not maintained in a single location."

"...insufficient documentation of staff attendance at required in-service activities."

"...lack of a coordinated scheduling pattern for in-service activities (ie. Master Scheduling procedure)."

"...lack of a systematic process for the evaluation of training programs for effectiveness (i.e. annual turnover, career development, in-service effectiveness surveys or other simple statistical procedures to monitor program effectiveness)." (JCAH, 1986)

The report of the JCAH was a formal recognition of a problem which has existed for several years: Lack of a systematic approach to human resource development combined with insufficient resources allocated to the centralization of training policies and documentation procedures required to monitor and evaluate training functions. The objective of this project was to aid in the development of a systematic approach by incorporating a microcomputer into the administration of training activities. Computer involvement focused on the areas of the storage of text such as training policy, program description, and training curriculum; file development and inrormation retrieval for employee records and training notification and verification functions.

BACKGROUND AND SIGNIFICANCE

Development and implementation of quality training programs for mental health care staff require a systematic coordination effort on the part of facility administrators. Twenty-four hour staffing patterns, frequent crises, and the 'on-call' nature of the field bring about special training needs and pose a myriad of problems to even the most organized facilities.

The last twenty years have seen the rise of systems theory in all disciplines. Thinking in terms of "wholes" or systems has become a necessity in an increasingly complex world. The traditional linear, fragmented approach to planning, problem solving, managing, and evaluation no longer functions (Knowles, 1985).

According to a survey conducted at the Inter-Association Child Care Conference in 1984, all represented agencies with more than 200 beds already had a separate training department in operation. TRAINING MAGAZINE estimates that "of all organizations with 50 or more employees, 47.9% are using computers in connection with their training efforts." (TRAINING, 1986)

The facility described herein relied on key personnel (usually supervisors with facility-wide responsibility) to deliver standard training programs required by regulatory bodies (i.e. CPR, Medication Distribution, Seizure Management, etc.). As problems in direct-care service delivery arose, the same staff developed and implemented training programs to address deficits in staff performance. The training effort was neither centralized nor supervised by any one person or department. Documentation of training was maintained in many locations and curriculum revision was not a uniform process.

Human resource management has come under attack recently for not being innovative and progressive in its use of automation. Training, management, development, and other areas of HR practice have not enjoyed the benefits of data processing as much as more quantitatively-based functions (Despres & Rowley, 1986). One obstacle to overcome is the inherent computer ignorance of management hierarchy. Kimmerling (1986) states, "while the availability of information has been touted as the key to corporate success, (HRD) executives show some resistance to using the computer."

Statistics tend to back up the previous statement. The editor of Training Magazine reports that only 47.9% of companies with more than fifty employees use computers for any part of their training effort (Gordon, 1986). Joel Bondy, president of the Center for Advanced Data Processing, in New York, suggests one reason for the resistance, "An awful lot of senior level managers have seen the 'boxes' on secretaries' desks, but they've never actually put their hands on a machine, nor have they seen a demonstration of what somebody can do sitting in front of one."

Certain aspects of human resource management require quantitative measures and could greatly benefit from the numerical capacity of a microcomputer. Ross (1984) proposed a method of measuring the turnover rate of psychiatric workers. The method discriminates between total turnover and controllable turnover (eliminates those who terminate due to death or disability) and requires that employees remain past the probationary period prior to being included in turnover statistics.

Doriety (1986) developed demographic measurements of psychiatric employees to identify groups in need of specific training, but these were deficit-centered measurements focusing on disciplinary actions and terminations. A comprehensive recordkeeping system should include such demographic information so that the agency has the ability to perform longitudinal studies.

The State of Florida now requires that all agencies serving developmentally disabled clients provide training in Behavioral Analysis techniques (HRS, 1985). Agencies must also prove compliance through documentation. Other regulatory bodies require at least annual training in various programs, and the agency itself implements various training programs in response to specific problems. With more than 300 employees, scheduling and monitoring for 100% compliance was not attempted prior to this project.

The capacity of digital computers to store large amounts of information, make calculations, and perform matching and yes/no decision making functions provides an attractive solution to the problem posed initially in this project. Despite the attractiveness, few child care agencies utilize data processing and even fewer write about it. According to the president of the National Organization of Child Care Worker Associations (NOCCWA), computer usage among agencies serving the emotionally disturbed and mentally retarded is negligible. The first nationwide survey of computer usage among these agencies will be attempted this year.

PROCEDURES

Computer usage at the agency described herein has previously been contained in the business office. Prior applications included accounting and mailing lists for billing purposes. The microcomputer in use has 512k RAM with a single disk drive and a 15-megabyte primary hard disk drive. Recently, the storage capacity was increased by the addition of a 75-megabyte secondary hard disk drive.

A portion of the data storage area was set aside for use by this writer in the development of an information storage and retrieval system for human resource management. After meeting with the Personnel Director and the Director of In-Service Training, it was decided to begin the system on a provisional basis by purchasing a simple filing, report writing, and word processing package with interactive capability.

The filing program was used for individual employee information and training class roster lists; the report program used input from the file pogram to generate information in report format (tables, columns, numbers, etc.); the word processing program was used for text storage, report writing (accepting input from the report program), and training activity notification (accepting input from the file program). An in-depth look at the contents of each program follows:

FILE PROGRAM

Individual Employee Information contained the following information on each employee:

Demographic - age, sex, education, prior experience

Career - start date, date and type of termination, evaluation scores, promotions

Training Completion Dates - OJT, General Orientation, Medical/Seizure, Behavior Analysis, IRT, Team Program, CPR, Personal Crisis Intervention

Training Class Roster files were filled after a search of Individual Employee Information files produced a list of those who have not had a particular class that year. Roster files contained the following information:

Class - title, date, location, time, trainer

Student - name, department, grade

REPORT PROGRAM

The report program accepted input from the file program to produce information in report format. Various output formats were available to report on the following:

Staff Turnover
Career Progression
Class Attendance
Training Compliance
Staff Evaluations
Course Grades

WORD PROCESSING

The word processing program in use at this facility is SuperScripsit from Tandy Radio Shack, which is capable of a full range of text manipulation processes (insert, copy, delete, move, remove) and text formatting (wordwrap, center, indent, space, page and line length). The word processing program was used to store text in the form of training policy manuals, program descriptions, and curricula.

As new employees began working at the agency, initial individual employee information was added to their "file" (APPENDIX B) from the employment application and resume'. New staff were then scheduled for On-the-Job Training, General Orientation Sessions, and Medication Administration/Seizure Management, all of which are one-time training sessions and regularly scheduled events. Completion dates for these activities were entered into the individual employee information, and successful completion must occur within one month of employment.

Within the next three months, new employees were entered into annual training class rosters so that all training was complete by the end of the probationary period. Remaining class slots were filled by searching individual employee information files for those without completion date entries for the year. Alternate attendees were also selected in case of absentees. Upon successful completion of training classes, the date of completion was entered into individual employee information files.

Using the word processing program, a form letter was designed to notify attendees of upcoming training events. Parts of the letter that change (attendee, class title, time, date, location, etc.), were assigned to variables in a separate file, and the completed notification letters were produced by merging the form letter and the variable file. Those names entered into the class roster file were also entered into a SuperScripsit file having a "v" suffix to denote variable. The other variables (class title, time, date, etc.) were also entered into the same file. Upon opening the form letter file, it was necessary to press <CONTRL-F> and respond to the "filename" prompt by entering the name of the variable file to merge the two documents and produce personalized hardcopy notifications for the following training events (APPENDIX C):

GENERAL ORIENTATION
MEDICATION AND SEIZURE ORIENTATION
CARDIOPULMONARY RESUSCITATION
PERSONAL CRISIS INTERVENTION
TEAM PROGRAM MANAGEMENT

Reports were generated monthly and at the end of the calendar year and included such information as number of staff trained, percentage of staff attendance, percentage of agency compliance, etc. (APPENDIX D). Annual reports presented data in a variety of ways. Information was drawn from different sources and presented in a useful format (APPENDIX D).

An evaluation model was developed so that the procedures described herein could be reveiwed on an annual basis. The elements of the model were adapted from the JCAH (1986) and HRS Manual 160-4 (1985). The model will be used as a self-evaluative tool in preparation for future surveys by the abovementioned regulatory bodies (APPENDIX E).

RESULTS

The most immediate and visible result of the project is that all training documentation is now contained in a central location. Examination and revision of training policies, program descriptions, and course curriculum can now be accomplished quickly with the word processor and the hardcopy can be distributed to appropriate personnel. Descriptions and curricula for seven agency training programs were gathered from seven different sources and included with training policy statements from the policy and procedures manual and entered on diskette.

During the six-month period of the project, 322 employee information files were completed for those already employed and 46 new files were started for those beginning during the period. Training class rosters were completed for 24 training activities with 10 attendees and two alternates scheduled and notified for each class.

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Agency compliance with the training requirements of regulatory bodies can now be rated at 100% with the help of a digital computer. All training documentation is now held in a single location; staff attendance at all agency training events is recorded; scheduling is now easily accomplished by searching employee files and notifying staff in writing; simple statistical procedures may now be calculated to evaluate program effectiveness.

The combination of written notification and scheduling alternate attendees helped the training effort to operate at full capacity. Less supervisory time will now be needed for the training effort because less classes will need to be taught. Less administrative effort will be required of supervisory staff since hardcopies will not be necessary, notification will take place through the agency mail routing system, and supervisors will no longer be responsible for evaluating the effectiveness of their own programs.

Implications are great for the field of child care where technology is sorely lacking. Program administration must be attacked in a more business-like manner, even in non-profit organizations. Through the use of digital computers, the value of training programs can be determined so that staff development will no longer be considered deficit spending for an agency.

The American Society for Training and Development (ASTD) estimates that roughly four of five large companies (300+ employees) earmark monies for training every year. Most of these organizations maintain separate training budgets; over half of training executives surveyed predicted their 1986 budgets will increase relative to 1985 (ASTD, 1986). Survey respondents commented that training responsibilities became overwhelming when they were placed solely on the shoulders of employees holding positions in various departments without a systematic coordinating effort.

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EVALUATION MODEL

Principle
The Center shall maintain training and orientation records that are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information, including statistical data. Written training program policies and procedures shall be maintained in a central location and their format approved by Center administration through designated channels.

Standard I
An adequate training record shall be maintained for every employee (100% compliance required).

Standard II
The training record shall contain sufficient information to identify the employee and document training received (90% compliance required).

Interpretation
All training records shall contain the following:
* Identification data
* Demographic data
* Training attendance data
  (course titles and dates attended)
* Employee performance data
  (evaluation scores)
* Career development data
  (hire/termination dates, promotions, transfers, etc.)

Standard III
Training course rosters shall be maintained for each training event (100% compliance required).

Standard IV
The training course roster shall contain sufficient information to ensure participation and verify attendance (90% compliance required).
Interpretation
Rosters shall be developed at least one month prior to class date, and written notification of the training event shall be received by the employee at least two weeks prior. Authorized cancellations shall be replaced so that courses maintain at least a 90% capacity rate.

Standard V
New staff shall be scheduled for necessary workshops within two months of employment date (90% compliance required).

Standard VI
Reports shall be submitted to the Director of In-Service Training on a monthly and annual basis to verify compliance with Standards I-V.

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APPENDIX A
DEFINITION OF TERMS

PSYCHIATRIC SETTING - A hospital, residential treatment center, or group home caring for emotionally disturbed or mentally retarded clients under the direct supervision of a psychiatrist.

MILIEU THERAPY - A specific theory of care delivered in psychiatric settings that utilizes a structured routine in long-term care to promote appropriate social response in a variety of daily situations. This approach incorporates formal individual and group psychotherapy as well as interactional role playing with paraprofessional staff members.

DIRECT TREATMENT/CARE - What has been referred to as "the other twenty-three hours" of therapeutic care. This aspect of Milieu Therapy uses paraprofessional staff members to live with and supervise clients when they are not in formal psychotherapy. Such staff members provide structure and appropriate role models for various social situations.

ANCILLARY SERVICES - Those services not directly connected to the therapeutic care of clients (Dietary, Laundry, Maintainance, etc.).

MAXIMUM CARE - A more structured and secure environment where doors are always locked. Clients in this area are normally court ordered due to violent or sex-related offenses.

CRISIS - A severely traumatic event which could preclude the loss of physical and/or emotional control on the part of the client.

ON CALL - To remain available by telephone or beeper on a round-the-clock basis to resolve problems or react to special situations in an administrative capacity.

REGULATORY BODIES - Governmental or private agencies that are charged with the inspection, certification, and licensure of psychiatric settings. Without such acceptance of operating procedures, the setting will be severely restricted in available clients, the services it can provide, and the fees it may charge.

EMPLOYEE TRAINING FILE

NAME: START DATE:
DOB: UNIT:
EDUC: LOC:
EXP:

****

PROB. EVAL: LAST ANN. EVAL:
CAR DEV:

TERM:

****

OJT: GEN ORIENT: MED/SEIZ:

CLASS	'87	'88	'89	'90	'91
TEAM					
CPR					
CPI					
IRT					
MED					
BMOD					

APPENDIX C
WORKSHOP NOTIFICATION

TO: /TRAINEE/

FROM: Thomas E. Dorlety, Campus Supervisor

You are presently scheduled to be a part of the

/TITLE/ Workshop

DAY: /DAY/

DATE: /DATE/

TIME: /TIME/

LOCATION: /PLACE/

Please be on time or else the coffee will get cold and the donuts will be eaten !!

If there is some problem about attending this workshop, please contact your unit supervisor so that you can be rescheduled. Your participation is important.

APPENDIX D
MONTHLY TRAINING REPORT

CLASS TITLE	CLASSES SCHED	CLASSES COMPL	STAFF SCHED	STAFF ATTND	ATTENDANCE PERCENTAGE
CPR	4	4	24	22	91.7
PCI	4	3	32	26	81.3
TEAM	4	4	40	40	100
MED/SEIZ	2	2	22	21	95.5
GEN ORIENT	1	1	16	14	87.5